EXHIBIT 11



Dart Transit Company				
800 Lone Oak Road, Eagan, MN 55121 • Mailing Address: P.O. Box 64110, St. Paul, MN 55164-0110 • Office: 651-688-2000		0000		
To: Florida Transformer				
Re: Edward Thompson Social Security 417-88-		2		
He/ She is an Owner/ Operator Company Driver				
Dates of Service: From 4/26/04 To Present Additional Dates To		,		
Position: Driver, Tractor Trailer Hauling: General Commodities Puiling: 53 foot Dry Van Trailer State Authority: 48 plus Canada				
Reason for separation:				
☐ Voluntary Quit ☐ Discharged ☐ Currently Emp	loyed			
ACCIDENT / INCIDENT INFORMATION				
ACCIDENT/INCIDENT INFORMATION			DOT	
DATE PREV/NP DESCRIPTION	I		DOT RDAI	3LE
DATE PREVIND DESCRIPTION 6/14/04 NP #1 Struck #2 In rear.		Y.	es	
	77.3			
		· ·		
Eligible for rehire: Upon Review				
and a test with a confirmed breathe alcohol level of 0.04 or greater in the past 3 years?	YES		NO	M
Tested positive for a controlled substance in the last 3 yrs?	YES		NO	X
Refused a controlled substance test and/or alcohol test in the past 3 years?	YES		NO	Q
iolated other DOT drug/alcohol regulations in the past 3 years?	YES		NO	X
eceived information from a previous employer that this individual violated DOT drug alcohol regulations in the past three (3) years?	YES		МО	政
as the above listed individual been subject to federal drug & alcohol testing	YES	1	NO	П
quirements in the past three (3) years?	0/01	X	140	_
Completed by Mianne Qualifications Date Completed: 9/	7/09			